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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **389435** (9)
1. Corporation Name
EDWARDS FARMS, INC.



Principal Place of Business: **RT 3 BOX 350 MAYO FL 32066**
Mailing Address: **RT 3 BOX 350 MAYO FL 32066-9435**

3. Date Incorporated or Qualified: **10/07/1971**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1366133**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent
**EDWARDS, ROBERT S
1102 W. CHERRY
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent
81 Name: **EDWARDS, Hugh M.**
82 Street Address: **Rt 3 Box 350**
83
84 City: **Mayo** FL 85 Zip Code: **32066**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Hugh M. Edwards* **Hugh M. Edwards** 4-29-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, KENNETH	
STREET ADDRESS	RT. 3 BOX 350	
CITY-ST-ZIP	MAYO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, ROBERT S	
STREET ADDRESS	1102 W CHERRY	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDWARDS, HILDA JEAN	
STREET ADDRESS	RT. 3 BOX 350	
CITY-ST-ZIP	MAYO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARDS, Hugh M	
1.3 STREET ADDRESS	Rt 3 Box 350	
1.4 CITY-ST-ZIP	Mayo FL 32066	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edwards, Hilda Jean	
2.3 STREET ADDRESS	Rt 3 Box 350	
2.4 CITY-ST-ZIP	Mayo FL 32066	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARDS, Hugh M	
3.3 STREET ADDRESS	Rt 3 Box 350	
3.4 CITY-ST-ZIP	Mayo FL 32066	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hilda Jean Edwards* **Hilda Jean Edwards** 4-29-97 904-294-1767
Date: 4-29-97 Daytime Phone #: 904-294-1767

CR2E034 (9/96)